



**CASH REMOVED FROM DISPENSING DEVICE**  
**OFFICE OF ATTORNEY GENERAL**  
**SFN 50330 (3-04)**

Organization		Site		Device Number	
<b>Record of Cash Removed</b>			<b>Transfer of Cash to Organization</b>		
Time Cash Removed	Amount Removed			Amount Counted	
: a.m. p.m.	\$			\$	
Bar Employee Signature		Date	Organization Signature		Date
2nd Bar Employee Signature		Date	Bar or Bank Employee Signature		Date



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